

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)? No

Number of Copies of CRF::

Title:: Color Vertically Aligned Liquid Crystal Displays

Attorney Docket Number:: 016660-190

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 5

Small Entity?: No

Latin Name::

Variety Denomination Name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.? No

Applicant Information

| | |
|---|---|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Hoi-Sing |
| Middle Name:: | |
| Family Name:: | KWOK |
| Name Suffix:: | |
| City of Residence:: | Clear Water Bay |
| State or Province of Residence:: | Kowloon |
| Country of Residence:: | HONG KONG |
| Street of Mailing Address:: | Senior Staff Quarters, Tower & 9B, The Hong Kong University of Science and Technology |
| City of Mailing Address:: | Clear Water Bay |
| State or Province of Mailing Address:: | Kowloon |
| Country of Mailing Address:: | Hong Kong |
| Postal or Zip Code of Mailing Address:: | |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | Hong Kong |
| Status:: | Full Capacity |
| Given Name:: | Xing-Jie |
| Middle Name:: | |
| Family Name:: | Yu |
| Name Suffix:: | |
| City of Residence:: | Clear Water Bay |
| State or Province of Residence:: | Kowloon |
| Country of Residence:: | HONG KONG |

Street of Mailing Address:: The Hong Kong University of Science and
Technology
City of Mailing Address:: Clear Water Bay
State or Province of Mailing Address:: Kowloon
Country of Mailing Address:: Hong Kong
Postal or Zip Code of Mailing
Address::

Correspondence Information

Correspondence Customer Number:: 21839
Phone Number:: (703) 836-6620
Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|----------------------|--------------------------|---------------------------------|---------------------------------|
| | | | |
| | | | |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|------------------|-----------------------------|----------------------|-------------------------------|
| | | | |
| | | | |
| | | | |

Assignee Information

Assignee Name:: The Hong Kong University of Science and Technology

Street of Mailing Address::

City of Mailing Address:: Clear Water Bay

State or Province of Mailing Address:: Kowloon

Country of Mailing Address:: Hong Kong

Postal or Zip Code of Mailing Address::